

ADOT COMMERCIAL VEHICLE TRIP RECORD

*** A Personal Message To The Driver Or Drivers ***

Phoenix Metro
Area-
Maricopa Co.

If you have any questions, please call our Survey Information telephone line 967-4441.

Who should we contact if we have questions about your Vehicle Trip Record?

NAME _____

TELEPHONE NUMBER _____

X

X

INSERT LABEL HERE

X

X

1. What is the starting address for the vehicle listed on the label above on the survey date (the first Tuesday, Wednesday or Thursday after you received this survey)? Please be specific! Indicate St., Ave., North, South, East or West, nearest intersection if street address is unknown.

Street Address: _____

City: _____ Zip Code: _____

2. Please look at Figure 1 and determine which vehicle looks most like this vehicle. In the space provided below, write in the letter next to the picture of the vehicle which looks most like this vehicle. (If this vehicle normally operates with one or more trailers, write in the letter of the most common tractor/trailer configuration usually used.)

Letter of Vehicle From Figure 1: _____

3. If this vehicle, when used as shown in Figure 1, has more than six tires, please write in an estimate of what you think is its gross weight. If the vehicle has six tires or less, go on to Question 4.

Gross weight _____

4. How will you be using the vehicle today? Please circle "yes" or "no" for each item below to tell us whether you will use the vehicle for that activity today.

a. Transportation between home and work YES NO

b. Any work-related purpose other than commuting YES NO->COMPLETION OF
DIARY IS NOT REQUIRED. RETURN
FORM IN POSTAGE PAID ENVELOPE.
PLEASE COMPLETE
TRAVEL DIARY.

Before you go on to the Travel Diary on the next page, we want to give you an idea of what we consider to be a trip or trips to be recorded on these pages. We will use the example of a ten-wheel tractor which is normally used with an eight-wheel semi-trailer to deliver building supplies:

Trip 1 Loaded tractor-trailer goes from warehouse to first delivery site, a new residential development under construction.

Trip 2 Empty tractor-trailer returns to warehouse to drop off for re-loading.

Trip 3 Tractor only goes to truck stop (transportation land use) to be refueled.

Trip 4 Tractor goes to restaurant (retail land use); driver has lunch.

Trip 5 Tractor returns to warehouse to pick up loaded trailer.

Trip 6 Loaded tractor-trailer goes from warehouse to second delivery site, where a hospital is being expanded.

Trip 7 Empty tractor-trailer returns to warehouse where it is parked overnight.

Start time: _____ :__ A.M./P.M.
 Start Odometer: _____

TRAVEL DIARY

Please record each trip
 in the order you make it.

Trip #	Start Time (Circle A.M./P.M.)	Stop Time	Stop Odometer	Name & Address of stop Please give EXACT street address, St. vs Ave., etc.	Zipcode of stop	Activity at stop See below.	Stop ON or OFF street	Land Use at stop See below.	Vehicle Type See below.	Total # axles
EXAMPLE TRIP: (TRIP #5 IN PREVIOUS EXAMPLE)										
5	12:45 AM PM	1:15 AM PM	5082.3	1345 N. 10th Street Warehouse #2, Phoenix	85014	1	ON OFF	3	4	3
1.	AM PM	AM PM					ON OFF			
2.	AM PM	AM PM					ON OFF			
3.	AM PM	AM PM					ON OFF			
4.	AM PM	AM PM					ON OFF			
5.	AM PM	AM PM					ON OFF			
6.	AM PM	AM PM					ON OFF			
7.	AM PM	AM PM					ON OFF			
8.	AM PM	AM PM					ON OFF			
9.	AM PM	AM PM					ON OFF			
10.	AM PM	AM PM					ON OFF			

If your vehicle made more than 10 trips during the day, write in the total number of trips here: _____

Write in your final odometer reading here: _____

What was your final stop address? _____

ACTIVITY AT STOP

1. Pick up, Load
2. Drop off, Unload
3. Load & Unload
4. Service call
5. Gas up vehicle
6. Meal/Other personal

LAND USE AT STOP

1. Residential
2. Retail
3. Manufacturing, Warehousing, etc.
4. Transportation
5. Utilities
6. Communications
7. Hospitals
8. Public/Government
9. Office/Services
10. Other (write in)

VEHICLE TYPE

1. Straight Truck
2. Tractor/semitrailer
3. Tractor/Trailer
4. Bobtail
5. Commercial Auto

At the end of the travel day for this vehicle, please fold and return the Vehicle Trip Record by mail. Postage is paid.

Please return to:

O'NEIL ASSOCIATES, INC.
 412 East Southern Avenue
 Tempe, AZ 85282